



OT4KIDS POLICIES

PO BOX 587, Lexington NC 27293
Phone (336) 236-6546 Fax (336) 236-9546
www.ot4kidsinc.com contact@ot4kidsinc.com

Name: _____ Date of Birth _____

1. Both caregiver and OT4KIDS, INC. agree to work together to meet the needs of the child.
2. OT4KIDS, INC. agrees to work with caregiver in establishing a schedule that meets the needs of the child.
3. Caregiver agrees to comply with OT4KIDS, INC. policies and procedures regarding billing and insurance information. In the event that the caregiver refuses to cooperate with these, OT4KIDS, INC. reserves the right to discontinue services.
4. Caregiver agrees to keep schedules appointments or call to cancel or change appointment time for the week.
5. Twenty-four (24) hour notice is required for appointment not to be considered unexcused.
6. Caregiver understands that three unexcused visits without twenty-four (24) hour notification may result in the child forfeiting his or her place on the therapist's schedule.
7. OT4KIDS, INC. reserves the right to discontinue service for any reason.
8. Caregiver understands that OT4KIDS, INC. focuses on training you to implement a treatment plan in the natural environment and encourages participation and follow through with a plan to meet your child's needs.
9. OT4KIDS, INC. has established a "no smoking" policy to protect the health and well being of it's employees. Our therapists will not provide services where there is smoking in the home during the therapy visit.
10. OT4KIDS, INC. will provide services in the natural environment only when the parent, guardian or caregiver (over the age of 18 years old) is present.

Caregiver's Signature

Date

Therapist's Signature

Date